

Brighton and Sussex University Hospitals

Discretionary Medicines Policy: Appendix 1

Discretionary Medicines List

Contents

Benzydamine 0.15% w/v oromucosal spray sugar free.....	3
Cetirizine tablets / capsule or oral solution.....	4
Chlorphenamine maleate, Oral solution or tablets	5
Dioralyte Sachets.....	6
Entonox (50% nitrous oxide and 50% oxygen)	7
GTN spray Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray	8
Glycerine suppository	9
Ibuprofen	10
Paracetamol	11
Phenylephrine 2.5% eye drops	12
Sodium Citrate Enema 90 mg per 1 ml	13
Emla Cream® 5% containing Lidocaine 2.5%w/w with Prilocaine 2.5%w/w Cream 5g	14
Tetracaine 4%w/w gel.....	15
Xylocaine spray 10mg	16

Benzydamine 0.15% w/v oromucosal spray sugar free

Clinical situation & Patients included: HCP Triage in children's emergency department & ACORNS (Acute Children's Outreach Nursing Team).

Indication: Painful inflammatory conditions of oropharynx

Patients excluded

- Haematology or oncology patients
- Children who weigh significantly less/more than their age band
- Patients who have taken the maximum daily dose within the previous 24 hours must not be given more of the same discretionary medicine
- Contraindications listed in BNFC or SPC for the medicine
- Patients on medications that could cause drug interactions with the discretionary medicine
- Allergies to drug or excipients

Dose schedule: Dosing information is on the side of the product if a POM size pack is being used as stock follow age based doses in BNFC (see definition section within this policy)

Restricted to a single dose only.

Once used it should be supplied to the patient using a Patient Specific Direction in their notes by a HCP prescriber or be transferred to ward area with patient if admitted.

- For Child 1 month–5 years (body-weight 4–7 kg) 1 spray every 1.5–3 hours, to be administered onto the affected area.
- For Child 1 month–5 years (body-weight 8–11 kg) 2 sprays every 1.5–3 hours, to be administered onto the affected area.
- For Child 1 month–5 years (body-weight 12–15 kg) 3 sprays every 1.5–3 hours, to be administered onto the affected area.
- For Child 1 month–5 years (body-weight 16 kg and above) 4 sprays every 1.5–3 hours, to be administered onto the affected area.
- For Child 6–11 years 4 sprays every 1.5–3 hours, to be administered onto affected area.
- For Child 12 years – Adult 4–8 sprays every 1.5–3 hours, to be administered onto affected area

Record keeping & Follow up/Patient advice

See section 5.6 of policy

Cetirizine tablets / capsule or oral solution

Clinical situation & Patients included: Adult patients attending Vaccine Hub Cross site.

Indication : Symptomatic relief of allergy or prevention of reaction.

Patients excluded

- Patients with known renal impairment
- Patients who have taken the maximum daily dose within the previous 24 hours must not be given more of the same discretionary medicine
- Contraindications listed in BNF or SPC for the medicine
- Patients on medications that could cause drug interactions with the discretionary medicine
- Allergies to drug or excipients

Dose schedule: Dosing information is on the side of the product if a POM size pack is being used as stock follow dosing below.

Restricted to a single dose only

- For Adult 10 mg

Record keeping & Follow up/Patient advice

See section 5.6 of policy

Chlorphenamine maleate, Oral solution or tablets

Clinical situation & Patients included: HCP Triage in children's emergency department & ACORNS (Acute Children's Outreach Nursing Team). Adult patients experiencing minor reactions following IV administration of contrast media in CT scanning in Imaging UHSFT East. Adult Accident and Emergency departments.

Indication : Symptomatic relief of allergy such as hay fever, urticaria, food allergy, drug reactions, Relief of itch associated with chickenpox

Patients excluded

- Haematology or oncology patients
- Children who weigh significantly less/more than their age band
- Patients who have taken the maximum daily dose within the previous 24 hours must not be given more of the same discretionary medicine
- Contraindications listed in BNF/c or SPC for the medicine
- Patients on medications that could cause drug interactions with the discretionary medicine
- Allergies to drug or excipients

Dose schedule: Dosing information is on the side of the product if a POM size pack is being used as stock follow dosing below.

Restricted to a single dose only

- For Child 1 – 5 years 1 mg
- For Child 6–11 years 2 mg
- For Child 12–17 years 4 mg
- For Adult 4 mg

Record keeping & Follow up/Patient advice

See section 5.6 of policy

Dioralyte Sachets

Clinical situation & Patients included: HCP Triage in children's emergency department & ACORNS (Acute Children's Outreach Nursing Team).

Indication: Fluid and electrolyte loss

Patients excluded

- Haematology or oncology patients
- Contraindications listed in BNFC or SPC for the medicine
- Patients on medications that could cause drug interactions with the discretionary medicine
- Allergies to drug or excipients

Dose schedule: By mouth for Child over 3 months, Reconstitute 1 sachet with 200 mL of water and give as per oral fluid challenge pathway.

Record keeping & Follow up/Patient advice

See section 5.6 of policy and document on oral fluid challenge pathway.

Entonox (50% nitrous oxide and 50% oxygen)

Clinical situation & Patients included: HCP triage in children's emergency department, Adult Accident and Emergency departments. RACH level 7 medical and Level 5 outpatients. Endoscopy and bowel screening units within UHSFT East. Sexual Health & Contraception services (SHAC all sites).

Entonox Assessment on IRIS must have been completed and up to date by HCP.

HCP must have completed any in department training that is available on the use of Entonox. For example Entonox Administration to Children Workbook & Competency Document.

Workbook & Competency Document

Indication: Procedural /trauma pain

Patients excluded

- Contraindications listed in BNF/c and SPC
- Patients on medications that could cause drug interactions with the discretionary medicine
- Allergies to drug or excipients

Dose schedule:

Adult or child

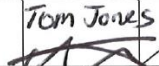
A mixture of nitrous oxide and oxygen gases 50% of each delivered via available apparatus (piped or from a cylinder): patient controlled.

The time of exposure should be recorded see below

Record keeping & Follow up/Patient advice

Example

PRE-OPERATIVE & ONCE ONLY PRESCRIPTIONS. IV fluids must be prescribed on the Intravenous infusion Prescription Sheet (page 12)

Date	Drug Approved Name (BLOCK LETTERS)	Dose	Route	Time to be given	Prescriber name and signature	Bleep	Given by	Date & Time given	For Pharmacy Use
26/5/21	ENTONOX	up to 15 min	INH	14:00	GADM		Tom Jones 		

See section 5.6 of policy.

GTN spray Glyceryl trinitrate 400micrograms/dose aerosol sublingual spray

Clinical situation & Patients included: All clinical areas and teams within UHSFT East.

Indication: To treat angina by sublingual administration using aerosol spray

Patients excluded

- Contraindications listed in BNF/c and SPC
- Patients on medications that could cause drug interactions with the discretionary medicine
- Allergies to drug or excipients

Dose schedule:

Adult

400–800 micrograms, to be administered under the tongue and then close mouth, dose may be repeated at 5 minute intervals if required; if symptoms have not resolved after 3 doses, medical attention should be sought.

Record keeping & Follow up/Patient advice

See section 5.6 of policy.

Glycerine suppository

Clinical situation & Patients included: HCP Triage in children's emergency department.

Indication: Constipation

Patients excluded

- Haematology or oncology patients
- Children who weigh significantly less/more than their age band
- Patients who have taken the maximum daily dose within the previous 24 hours must not be given more of the same discretionary medicine
- Contraindications listed in BNF or SPC for the medicine
- Patients on medications that could cause drug interactions with the discretionary medicine
- Allergies to drug or excipients

Dose schedule: Dosing information is on the side of the product. If a POM size pack is being used as stock follow age based doses in BNFc. Moisten suppositories with water before insertion.
For single dose administration only

By rectum

For Child 1–11 **month(s)** up to 1 g

For Child 1–11 years up to 2 g

For Child 12–17 years up to 4 g

For Adult 4 g

Record keeping & Follow up/Patient advice

See section 5.6 of policy

Ibuprofen

Clinical situation & Patients included: HCP Triage in children's emergency department & ACORNS (Acute Children's Outreach Nursing Team). Sexual Health & Contraception services (SHAC all sites) Emergency ambulatory care unit (EACU). Adult Accident and Emergency departments.

Indication

- Treatment of pain
- Treatment of pyrexia over 38°C

Patients excluded

- Haematology or oncology patients
- Children who weigh significantly less/more than their age band
- Patients who have taken the maximum daily dose within the previous 24 hours must not be given more of the same discretionary medicine
- Contraindications listed in BNF/c or SPC for the medicine
- Patients on medications that could cause drug interactions with the discretionary medicine
- Allergies to drug or excipients
- Patients with any of the following
 - Asthma (Prescriber to review patient, do not use under this policy)
 - Kidney or liver problems
 - Lupus
 - Crohn's disease or ulcerative colitis
 - Previous or current bleeding in the GI tract.
 - Uncontrolled high blood pressure (hypertension)
 - Narrowing of the arteries (peripheral arterial disease)
 - Cardiovascular disease, such as angina, myocardial infarction (heart attacks), or mild or moderate heart failure
 - Possible stroke

Dose schedule: Oral ONLY for Children older than 3 months **Restricted to single dose only**

Dosing information is on the side of the product. If a POM size pack is being used as stock follow the doses below.

- For Child 3–5 months 50 mg
- For Child 6–11 months 50 mg
- For Child 1–3 years 100 mg
- For Child 4–6 years 150 mg
- For Child 7–9 years 200 mg
- For Child 10–11 years 300 mg
- For Child 12 years – Adult 400mg

NOTE: RACH use mg/Kg dosing when prescribed by a prescriber.

Record keeping & Follow up/Patient advice

See section 5.6 of policy

Discretionary Medicine policy version 2.1

Paracetamol

Clinical situation & Patients included: HCP Triage in children's emergency department & ACORNS (Acute Children's Outreach Nursing Team), Early Pregnancy Clinic (EPU), Gynae Assessment Unit (GAU level 11 RSCH). Sexual Health & Contraception services (SHAC all sites). Emergency ambulatory care unit (EACU). Adult Accident and Emergency departments

Indication

- Treatment of pain
- Treatment of pyrexia over 38°C

Patients excluded

- Haematology or oncology patients
- Children who weigh significantly less/more than their age band
- Patients who have taken the maximum daily dose within the previous 24 hours must not be given more of the same discretionary medicine
- Contraindications listed in BNF/c or SPC for the medicine
- Patients on medications that could cause drug interactions with the discretionary medicine
- Allergies to drug or excipients

Dose schedule: Oral only. **Restricted to a single dose only**

Dosing information is on the side of the product. If a POM size pack is being used as stock use doses below.

Oral dosing for Children's emergency department

- For Child 3–5 months 60 mg.
- For Child 6–23 months 120 mg
- For Child 2–3 years 180 mg
- For Child 4–5 years 240 mg
- For Child 6–7 years 240–250 mg.
- For Child 8–9 years 360–375 mg
- For Child 10–11 years 480–500 mg
- For Child 12–15 years 480–750 mg
- For Child 16 years to Adult 0.5–1 g

NOTE: RACH use mg/Kg dosing when prescribed by a prescriber.

Oral dosing for adult accident and emergency department

- Adults and young people over 13 years: 500mg–1 g
(Patients <50kg: 500mg)

Record keeping & Follow up/Patient advice

See section 5.6 of policy

Phenylephrine 2.5% eye drops

Clinical situation & Patients included: For use in Adults over the age of 16 in the Sussex eye hospital.

Indication: Dilation of the pupil(s) prior to examination of the retina (Can be used in combination with cyclopentolate or tropicamide eye drops. Note these are not discretionary medicines).

Patients excluded

- Patients with aneurysms, thyrotoxicosis, and tachycardia.
- Patients on monoamine oxidase inhibitors or tricyclic antidepressants
- Patients with closed angle glaucoma (unless previously treated with iridectomy or cataract surgery) and patients with a narrow angle prone to glaucoma precipitated by mydriatics.
- Elderly adults with severe arteriosclerotic, cardiovascular or cerebrovascular disease.
- Hypersensitivity to the active substance or to any of the excipients
- Pregnancy
- Breastfeeding

Dose schedule:

Single dose units to be used for administration.

- Instil one drop into affected eye(s) 20 minutes prior to examination.

The dose may be repeated 60 minutes later if adequate pupillary dilation has not been achieved.

Record keeping & Follow up/Patient advice

See section 5.6 of policy

Sodium Citrate Enema 90 mg per 1 ml

Clinical situation & Patients included: For use by Radiographers in any UHSFT East.

Indication: To prepare adult patients for pelvic (male/ female) radiotherapy CT planning scan and radiotherapy treatment

Patients excluded

- Contraindications listed in BNF or SPC for the medicine
- Patients on medications that could cause drug interactions with the discretionary medicine
- Allergies to drug or excipients

Dose schedule:

Adult

Single dose 5 mL rectally

Record keeping & Follow up/Patient advice

See section 5.6 of policy

Emla Cream® 5% containing Lidocaine 2.5%w/w with Prilocaine 2.5%w/w Cream 5g

Clinical situation & Patients included: All clinical areas and teams within UHSFT East.

Indication: Surface Anaesthesia prior to venepuncture. Prior to Implant fit/removal under Sexual Health & Contraception services.

Patients excluded

- Patients who have taken the maximum daily dose within the previous 24 hours must not be given more of the same discretionary medicine
- Contraindications listed in BNF or SPC for the medicine
- Patients on medications that could cause drug interactions with the discretionary medicine
- Allergies to drug or excipients

Dose schedule: Studies have failed to demonstrate efficacy of EMLA for heel lancing in newborn infants. Dosing as per BNFc

For Neonate

Apply up to 1 g for maximum 1 hour before procedure, to be applied under occlusive dressing maximum 1 dose per day.

For Child 1–2 months

Apply up to 1 g for maximum 1 hour before procedure, to be applied under occlusive dressing maximum 1 dose per day.

For Child 3–11 months

Apply up to 2 g for maximum 1 hour before procedure, to be applied under occlusive dressing

For Child 1–11 years

Apply 1–5 hours before procedure, a thick layer should be applied under occlusive dressing

For Child 12 years - Adult

Apply 1–5 hours before procedure a thick layer should be applied under occlusive dressing

Record keeping & Follow up/Patient advice

Number of tubes and number of sites to be documented.

See section 5.6 of policy

Tetracaine 4%w/w gel

Clinical situation & Patients included: All clinical areas and teams within UHSFT East.

Indication: Surface Anaesthesia prior to venepuncture. Prior to Implant fit/removal under Sexual Health & Contraception services.

Patients excluded

- Patients who have taken the maximum daily dose within the previous 24 hours must not be given more of the same discretionary medicine
- Contraindications listed in BNF or SPC for the medicine
- Patients on medications that could cause drug interactions with the discretionary medicine
- Allergies to drug or excipients

Dose schedule: Children older than 1 month of age. As per BNFC.

For Neonate

Apply contents of tube (or appropriate proportion) to site of venepuncture or venous cannulation and cover with occlusive dressing; remove gel and dressing after 30 minutes for venepuncture and after 45 minutes for venous cannulation.

For Child 1 month–4 years

Apply contents of up to 1 tube (applied at separate sites at a single time or appropriate proportion) to site of venepuncture or venous cannulation and cover with occlusive dressing; remove gel and dressing after 30 minutes for venepuncture and after 45 minutes for venous cannulation.

For Child 5 years – Adult

Apply contents of up to 5 tubes (applied at separate sites at a single time or appropriate proportion) to site of venepuncture or venous cannulation and cover with occlusive dressing; remove gel and dressing after 30 minutes for venepuncture and after 45 minutes for venous cannulation.

Record keeping & Follow up/Patient advice

Number of tubes and number of sites to be documented.

See section 5.6 of policy

Xylocaine spray 10mg

Clinical situation & Patients included: For use in endoscopy and bowel screening units within UHSFT East. Sexual Health & Contraception services (SHAC all sites)

Indication: To provide surface anaesthesia for the oropharyngeal to reduce reflex activity, attenuate haemodynamic response and to facilitate insertion or the passage of instruments during oesophagoscopy and gastroscopy.

Or supplementary pain control for IUD insertion or removal. (SHAC)

Patients excluded

- Patients who have taken the maximum daily dose within the previous 24 hours must not be given more of the same discretionary medicine
- Contraindications listed in BNF or SPC for the medicine
- Patients on medications that could cause drug interactions with the discretionary medicine
- Allergies to drug or excipients

Dose schedule: The minimal effective dosage. Each activation of the metered dose valve delivers 10 mg lidocaine base. It is unnecessary to dry the site prior to application. No more than 20 spray applications should be used in any adult to produce the desired anaesthetic effect.

The number of sprays is dependent on the extent of the area to be anaesthetised.

Record keeping & Follow up/Patient advice

See section 5.6 of policy